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ABSTRACT

Everyone involved in early childhood services needs to think about how program quality is defined--as either objective, or as subjective and value-based. Subjective accounts involve perspectives on the nature of quality which come from thinking persons, while objective accounts involve the nature of quality as it exists, independent of the way that it is being interpreted. Research-based objective definitions of quality come from three waves of research: (1) whether being in a child care setting was good or bad for children compared to being at home; (2) what effects variations in the quality of child care settings have on children's development; and (3) how child care quality combines with family factors to produce effects on children's development. It is impossible to define quality without considering cultural goals, and definitions of quality do not emerge from research alone. Research findings have an important role to play in defining quality, however, and a solely values-based approach is not without danger. Quality is a matter of collective values, which must be negotiated by consideration of the value perspectives of the various stakeholders, including the children. (Contains 24 references.) (MOK)

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Is quality a subjective or objective matter?

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Talk prepared for National Seminar "Assessing and Improving Quality in Early Childhood Centres", School of Medicine, Wellington, May 15, 16, 1996

The issue I have chosen to discuss today concerns how we define quality. Should we see quality in early childhood services as a subjective value-based issue or is it something which can be defined by objective research. There may be some people who believe that this is a simple question, but most of us recognise that it is actually a very difficult, complex and profound question. I have to admit to some regret that I ever had the idea of tackling it and a strong hope that there are not too many philosophers of science amongst the audience! I apologise in advance if I do not give a clear answer to the question. The more I think about it the less sure I am!

It is actually very important for everyone involved in early childhood services to think about how quality is defined. Is it just something that we let other experts define for us because they have the expertise and knowledge of research to know what quality means through some unchanging external criteria of quality? Or is quality something that we all have something to say about and can participate in defining? Subjective accounts involve perspectives on the nature of quality which come from thinking persons, and objective accounts involve the nature of quality as it exists, independent of the way we think about it.

Quality has been given various definitions. The three below come from a New Zealand, Swedish and American researcher respectively. The first two emphasise a more subjective view from the inside, and the third a more objective view from the outside:

> The distinctiveness and unique combination of characteristics are what defines a centre's quality (Farquhar, 1990, p74).
>
> Quality is what is under the surface, the persistent daily work done by the staff which can be hard to fully recognise without being together with a group of children in the service for a long time (Andersson, 1990, p92).
>
> In research, quality has been viewed in several ways. First, global assessments of quality have been used to capture the overall climate of a program. Second, efforts to extract the specific dimensions of quality have emphasised (a) structural aspects of child care, such as group composition and staff qualifications (b) dynamic aspects of child care that capture children's daily experiences, and (c) contextual aspects of child care, such as type of setting, and staff stability (Phillips & Howes, 1987, p 3).

Let me give you an example from our research to set you thinking about what quality means for different people. In our research we looked at 100 childcare centres catering for under two-year olds around New Zealand. We looked at what early childhood trained people (the researchers) had to say about particular centres and then looked at what parents said (Barraclough, 1994; Barraclough & Smith, 1996). Here is an example of what one researcher said in her notes about a centre:

> "She (a staff member) said there had been...occasions of hitting. I didn't feel things were totally unstimulating. .. (They) left a very distraught infant to scream for approximately 20 minutes before (the child) fell asleep.... (The supervisor) also forced a 3 year-old boy to sit on the potty for 30 minutes. The child was extremely upset... she (staff member) seemed embarrassed at my presence and let him go outside finally.... I find the centre an upsetting place to be... **A most unpleasant experience**. During my time at the centre I saw children being told to 'go away' and that they would be 'sent to bed if they didn't stop being naughty', infants being told they were naughty if they cried, children laughed at when they were upset, not to mention the potty incident... a real eye opener!"

We had parents fill in a questionnaire about the centre their child went to. This is what two parents of children at this centre said when asked what were the best and worst things:-

> The best thing is "My child is getting great interaction with other children of varying ages. The supervisor and her staff - I hold **total confidence in their handling of my child**". The worst thing is "Nothing".

> The best thing is the "**Friendly relaxed environment**, always willing to listen to concerns/queries. (My child) loves the stimulation of other young people." The worst thing is "Nothing".

I would like you to think about the issue of **why** the early childhood trained researcher had such a totally different view of this centre from the parents. Parents and researchers appeared to construct entirely different meaning for the term quality, or at least to see different aspects of quality reflected in the operation of the centre. According to the researcher the centre was one of the worst quality centres she had seen (out of about 35 she had looked at) but for the parents the centre was a warm, happy place which provided an excellent environment for their child. Perhaps "objective" research might settle this argument and help us decide whether the centre was or was not of good quality.

For an "objective" view, we used an American checklist called the Assessment Profile to assess quality and this centre scored 56 (on the 43rd percentile). ("Good" centres score around 110-120) The Assessment Profile is based on the National Association for the Education of Young Children's Principles of Developmentally Appropriate Practice and of findings which statistically link scores on this scale to measures of children well being, and cognitive, and social competence and development. You could look on it as an "objective" measure of quality because it is an external scale, which has to be used carefully and accurately (different people using it come up with the same or similar scores when they use it in a centre) but remember that it is also based on values about what is good for children's development.

Research-based "objective" views of quality:

Where did scientific research-based, "objective" notions of good quality early childhood educare came from? The issue of how non parental childcare settings affect children is one which has been of profound interest to researchers since the sixties because it tells us something about the nature of development - how plastic is development and how does the environment affect the way that children develop?

It is common to talk about three waves of research on child care (Belsky, 1984; Moss & Melhuish, 1991; Rosenthal, 1994; Scarr & Eisenberg, 1993). The first wave of research was concerned with the issue of **whether being in a childcare setting was good or bad for children in comparison to being at home with mother.** This research was based on the view that childcare and home care are two different unrelated entities, that they are each homogeneous sets of experiences. (There was also an obvious political agenda for this research concerning what was considered the proper role for women).

It became clear that there were many different kinds of home experiences as well as many different kinds of centre experiences. Hence the second wave of research came about because people realised that it was a simplistic question to ask whether home or childcare were better. This wave of research looked at the issue of quality and asked the question of **what effect variations in the quality of childcare settings might have on children's development**. In other words what kind of centres are best for children? According to Miriam Rosenthal:

> This research introduced the idea that child care of different kinds of varying quality might have different effects on children's development. It examined the relationship of children's social and intellectual development to the quality and variety of child-care settings (Rosenthal, 1994, p x).

This research looked at differences in the processes and structures of child-care settings and related them to developmental outcomes. Processes studied included the nature of the interactions between adults and children (in particular the sensitivity and responsiveness of the adult/child interactions) and the structures included factors such as ratio, group size, training and staff turnover. One conclusion of that research was that "good things go together" (Rosenthal, 1994; Phillips & Howes, 1987) in other words that the different indicators of quality tend to co-exist. For example if there are good ratios, small group sizes, low staff turnover and well trained staff there are more supportive and sensitive interactions with children. This research was an important positive and constructive step forward since it began to delineate the important components of children's caregiving environments and what supported children's development. It was also important because it came to affect the way in which centres were regulated. Unfortunately structural factors are easier to measure and have been focused on, but actually process measures are the best indicator of quality. Structural measures may be associated with quality but they do not

guarantee it (Scarr , Eisenberg & Deater-Deckard, 1994; Melhuish & Moss, 1991; Vandell & Corasanti, 1990).

There is a reasonably well established set of criteria for quality arising out of research which have been well tested. Such criteria include the following:-

1. Sensitive and responsive interactions between adults and staff
2. Adult-child ratio
3. Group size
4. Staff training and education
5. Staff stability
6. Curriculum and program focus
7. Peer group harmony
8. Communication with parents
9. Favourable staff wages and working conditions
10. Safe and healthy physical environments

The third wave of research attempted to integrate investigations of the effect of the family and the effect of the childcare setting on children's development. It began to be recognised that you could not look at how the quality of childcare settings affected children without considering home and family characteristics as well. So the question now became **"How do child care qualities combine with family factors to produce effects on children's development?"** These studies have looked at the relative contribution of home and childcare to developmental outcomes. This research began to map out some elements in the home which might modify children's experiences in child care. It suggested for example that different families chose different kinds of childcare. Several studies showed that families who had experienced more stressful events and had less support were likely to have their children in lower quality childcare settings (Howes & Olenick, 1986; Kontos, 1991). This was a worrying finding because it suggested that difficult environmental circumstances at home were compounded by poor quality childcare settings and that children were likely to be placed particularly at risk by this combination of unfavourable circumstances. The relationship between the quality of care at home and in centres is a crucial factor. If the quality of care out of home is superior to home care, beneficial effects of childcare on children are more likely (Melhuish & Moss, 1991).

A logical extension of the third wave of research is to pay attention to **other aspects of the total ecological context of childcare**. Most important of these are variations in the cultural and political context of childcare. To quote Miriam Rosenthal (1994) again:

> .. childcare policy in different countries reflects basic differences in cultural values and social beliefs and attitudes towards child care. This means that out-of-home care may have different goals, and hence different developmental outcomes in different cultures or within the same culture during different periods of history (p xi).

This is a very interesting development and shows that at least among some researchers (eg Farquhar, 1990; Lamb et al, 1992; Moss & Pence, 1994; Rosenthal, 1994; Tobin, Wu, & Davidson, 1989) there is a recognition of the importance of the link between cultural goals and the way we define the goals for childcare in each society. I want to argue that this research-based approach still has a very important and necessary role in helping us achieve what we mean by quality, but first the criticisms.

The Critique of Objectivism and the Development of Value-based "subjective" views of quality:

There is undoubtedly a problem with believing that there is such a thing as an "objective" definition of quality. None of the research which has been done has generated objective, neutral knowledge independent of political and cultural context. Researchers are influenced by values and political context at every step of the research process. Even research questions are defined by values. Researchers cannot stand apart from the culture of which they are apart (Bradley & Sanson, 1992). Would researchers have been asking whether childcare experience was bad for children if they hadn't thought it was bad for children to be away from their mothers to start with? But just because research is not purely objective does not mean that it has nothing useful to say. Research takes place within particular cultural contexts in particular moments in time. Caregiving environments are themselves a reflection of broader external macrosystem forces in the environment, such as government funding policies or attitudes to women working.

Peter Moss says:-

> Quality is never an objective reality, to be finally discovered and pinned down by experts. It is inherently subjective and relative, based on values and beliefs, that may not only vary among and within societies, but will undoubtedly vary over time (Moss, 1994, p5).

Moss argues that quality is a relative concept which reflects the values and beliefs, needs and agendas, influence, experience, and history of any society or group within society. Defining quality is not something that can be based on research, in his view, although he sees research as having a place. Before doing research to help find out how goals are to be achieved, we first have to define the goals of development. Previous childcare research has assumed that everyone shares universal goals of literacy, academic achievement, ability to get on with ones peers harmoniously, competence in solving problems, close attachment to parents and especially mothers. We probably wouldn't have too much argument with those goals but we should not forget that they are based within our own cultural context, or that there might be other important goals which are neglected in this research which are also based in our own culture.

One problem is that we have believed in the past that there was only one pathway for development, but current views of child development suggest that "Each community's valued skills constitute the local goals of development"

(Rogoff, 1990, p233). Development is multidirectional rather than aimed at specific endpoints. The richer, more meaningful and more active is children's participation in culturally diverse activities, the greater the repertoire of social and cognitive goals that they will acquire. Every society needs to collectively reflect on the goals they would like to encourage, and the activities which they would like children to participate in to achieve those goals. This is something that we can't just leave to individual parents or to government agencies.

Surely it is obvious that cultural and individual values determine the outcome we desire for our children. We come across examples of this all the time, both within and outside New Zealand. My colleague Lyn Foote has recently come back from the Solomon Islands working with early childhood centre people there on developing new training programs. The first thing that the Dunedin College people wisely did was to sit down with the Solomon Island early childhood leaders and ask them what outcomes they wished to achieve in their early childhood centres. One example of a desired outcome for them was that the children should learn how to paddle a canoe. We probably would not even think that it was possible for a 3 or 4 year-old to paddle a canoe, but Lyn had simply to look out on the river nearby to see preschool children on their own paddling their canoes. It did not take her long to figure out that for that society it was really very important that children were competent to paddle a canoe.

When I went to Hungary I was interested and surprised to find that one aspect of quality that Hungarian early childhood centres insisted upon was that children must sleep outside unless the temperature was more than 10 degrees below zero. In Hungary early childhood educators were strongly influenced by the view that fresh air was important to children's health and this feature was basic for them. In Denmark a great deal of emphasis is put on children's autonomy and that children should be involved in developing the curriculum themselves (Jensen, 1994). Children's meetings and project work are designed to teach children at an early age about the society to which they belong, how to take part in the democratic process and the practical routines of daily life (like preparing meals).

> We wish to teach them to evaluate their own situation and reactions critically against the framework of society. Like adults, children have the right to learn the truth about the world they live in (Poulsgaard, 1975, cited by Jensen, p 149).

I personally would like us to put more emphasis on the participation of children in making decisions about quality in New Zealand. We ratified the UN Convention of the Rights of the Child in 1993 and this guarantees the child rights of autonomy and to be listened to in matters which concern their well being. This is more than a personal view, it is something that we as a society have committed ourselves to but I do not think that we take it very seriously. I mention this because when we define quality goals the children are often the voiceless, forgotten ones. Adults and particularly powerful adults are the ones whose voice defines the nature of quality. If we want children to grow up and have opinions of their own, we must give them the opportunity to participate in decisions from an early age. Children are not only the products of their early

childhood experiences, they are also the consumers. It is important, therefore, to examine the issue of quality from their perspectives.

So how, as a culture, do we address the issue of which outcomes we value and therefore how we define quality? I am pretty sure that Pera Royale and Anne Meade will have given you some good indications of how these things have developed in New Zealand. It is interesting to note that Peter Moss regards New Zealand as a model in its approach to defining quality goals. In the introductory chapter to his *Valuing Quality* book he used Anne Meade's *Education to be More* report in 1988 (which was the precursor to the *Before Five* reforms) as a model. *Education to be More* identifies the groups who need to be considered in defining goals for early childhood centres and they include children, parents/whanau, families, employers, providers, and society. The process of defining quality involves a complex combination of prioritising goals set by various stakeholders in society.

Sarah Farquhar and I looked at how early childhood centre charters worked as a mechanism for defining quality between centres and government agencies (Farquhar & Smith, 1994). Do you remember charters? That seems a part of our distant past now doesn't it, but it was only 6 years ago that this was new? Charters were a really interesting idea. They were intended to allow centres to develop a charter based on a negotiated set of values set between a government agency which had its own standards of quality and the unique and locally based values and goals of individual centres and parents. Unfortunately we had a change of government half way through that process, it did not get off to a good start because of some administrative mishaps, and the government obviously decided that quality was too expensive to pursue. (They may now have realised that supporting low quality is not cost effective). Most centres involved did not perceive the process as empowering them to contribute their own values, but rather saw it as an empty bureaucratic exercise. Parents varied in their enthusiasm and commitment to the process and it was a struggle to get them involved. A few centres, though, worked hard and succeeded in getting parents involved in the process of writing a charter. We argued that:

> For the chartering process to work, there has to be a government which is genuinely concerned to protect values and ideals about quality which have emerged from the cumulative discourse of the country's history and tradition of early childhood education (Smith & Farquhar, 1994, p 139).

It seems to me that *Te Whariki* is the current expression of our shared cultural values about quality. To have an early childhood curriculum at all is unusual in the international early childhood arena. I believe that we may well prove ourselves to be the world leaders once again if we can work with an early childhood curriculum document successfully. There was a lot of care and consultation in the initial preparation of this document and every effort made to ensure that it included as complete a range of the diversity of our early childhood services as possible. Its holistic, culturally sensitive, child-centred approach is reflective of our own values and background in early childhood education. It was not intended to be prescriptive but rather to provide a framework of values

and ideas within which centres could develop their own goals and objective. There was no intention to encourage a deadening uniformity, because the goals can be achieved in many different contexts and in many different ways. The metaphor of a whariki or mat encompasses the notion that there are very many different strands representing the values held by different groups within the early childhood world.

The Dangers of a Values Based Approach

It was the comment of a colleague in England that got me thinking about the issue of the subjective versus objective basis of quality. She said that she feared that the adoption of a values based approach meant that in England now "anything goes". Who is to say what quality is if we take a completely relativistic approach? Where do we draw the line and how do we protect vulnerable children and make sure that they can learn and grow up healthy? Pence and Moss say:

> Quality child care is, to a large extent, in the eye of the beholder - and that beholder can be anyone or any group from among a range of stakeholders, each with an interest in early childhood services (Pence and Moss, 1994, p 172).

I have a lot of difficulty with this. Does this mean that we can say hitting children in centres is alright because it fits in with someone's idea of what quality is? Is it alright to say that quality involves large group sizes and child/adult ratios because this makes childcare cheaper for parents? I am not prepared to accept anyone's idea of what quality is, but perhaps this is not what the value-based approach is saying.

It comes down to the issue of how we negotiate a set of values to guide the directions of our early childhood programs. I believe that such values need to incorporate the views of an involved and participating group of stakeholders; to reflect our culture, history and cumulative early childhood discourse; up-to-date knowledge about children and the child's best interests. Children's rights and best interests need to provide an important part of the framework for our collective set of values, because they are powerless and vulnerable to exploitation.

I do not accept that all stake holders have an equal knowledge or that one stakeholder's viewpoint is as good as another one. I believe that the example I gave you at the beginning of my talk illustrates that people who have been well trained in early childhood education have a better idea of how to identify quality than most parents, though this may not be a popular view.

Generally the study showed that there were zero relationships between parent satisfaction and research-based measures of quality. Another interesting finding of that study was that the parents with their children in the "worst" centres had the fewest criticisms of those centres, whereas parents in the "best" centres had far more criticisms as well as positive comments. This suggested to us that there

is an informed, knowledgeable group of parents who do give careful, considered, thought to the issue of quality and that they can have a very useful and constructive part to play in defining it. (This is not necessarily a middle-class group of parents either). I do not wish to emphasise the division between expert and amateur or say that parents' views are unimportant. I do believe, however, that parents usually have less opportunity to make informed judgements about defining quality, perhaps because of their lack of exposure to different alternatives. "Parents know that positive interactions or facilities are important, but not necessarily what these interactions or facilities actually look like" (Barraclough & Smith, 1996, p 20). Parents have been shown to place more emphasis on cost, convenience and location (Anderson, Nagle, Roberts & Smith, 1981; Atkinson, 1987; Peterson & Peterson, 1988) rather than quality from the child's perspective. Parents do of course have an important role to play in defining quality as do government agencies, and employers, but I would like to suggest that both researchers and trained people working within early childhood centres also have a role, and indeed a major role, in defining quality because they know it both from the inside and the outside.

The study of chartering which Sarah Farquhar carried out in the early nineties (Farquhar & Smith, 1994) suggested that centres could involve parents in the identifying of charter goals but it required a deliberate and systematic policy of staff organisation and decision-making to allow this to happen. In many centres parents were uninterested and made only token efforts at participation. It took work and commitment for centres to involve parents in a meaningful way to arrive at quality objectives for each centre. Centres where parents are active participants in decision-making or centre activities are much better able to participate meaningfully in the quality definition process.

The Role of Research

It is not surprising that a researcher like myself thinks that research has an important part to play in the quality debate. Researchers have had, and hopefully will continue to have, a major impact on childcare policy and influence public and government decisions. Not because the researcher is the outside expert with a "pure" view untainted by values or subjectivity. Researchers are also part of the sociopolitical context of a society. They may indeed be one stakeholder with a legitimate input into the issue of defining quality - they certainly should know something about making careful observations and interpretations of children's development. Research is moving in the direction of both observing and measuring quality and trying to change it. Researchers I believe have an important input in arriving at a definition of quality. Bradley & Sanson (1992) argue that research (which acknowledges its value commitment) has to be worked out in continuing dialogue with practitioners, all of the way from setting agendas to implementing results. They believe that "a debate needs to be set up for which all parties are responsible, practitioners as well as researchers" (p9). Researchers have a role not only in defining the desired outcomes of quality childcare but also in examining the processes within centres which support these outcomes. If the Solomon Islanders decide that teaching children to paddle canoes is important, then it is their prerogative to support that outcome. But

researchers ought to be able to help them to find out what are the most effective ways of teaching children to paddle canoes. According to Rosenthal:

> (It) does not mean that the empirical search for the relationship between society-specific regulatable and process variables should be dismissed. On the contrary, such research can be a powerful tool in influencing policy deci ons. Yet, it is suggested that the cultural and social values that guide our investigation, become part and parcel of research that is 'informed by science' (Rosenthal, 1994, p xii).

To conclude, I have discussed the question of whether definitions of quality are a "subjective" value issue or whether "objective" research has a role to play. I have argued that so-called objective research is not value free and that subjective values are informed by empirical knowledge. In other words there is no such thing as pure objectivity or subjectivity. It is impossible to define quality without considering cultural goals. Definitions of quality do not emerge from research alone, although research findings have an important role to play. Research usually includes implicit quality values, but it can also help in the process of moving our early childhood system from goals to reality. Quality is a matter of collective values, which must be negotiated by consideration of the value perspectives of the various stakeholders, and one of the most important of these is the children.

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